



SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

2nd Floor Donmed House, Cambridge Place, Cnr Kirkby & Oxford Roads, Bedford Gardens, Bedfordview
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Fax2Email: 086 540 6462 VAT REGISTRATION NUMBER: 45 00 11 67 61

APPLICATION FOR REPLACEMENT OR UPGRADE AS AN AUTHORISED GAS PRACTITIONER

NB: Registrations are only valid with-in the borders of the Republic of South Africa

NB: Registrations are only valid for a period of 3 years after which renewal of registration is required

2021

PAYMENT GUIDELINES:		✓
*	Payment of R400.00 (including VAT) must be made by electronic transfer to SARACCA , A copy of the deposit slip must be attached to this form and emailed to suzette@saracca.co.za	
*	Account Details: First National Bank; Branch No.252155 – Bedford Gardens: Account No. 59630030903 – Cheque Account	
*	Use your initials and surname for reference when making payment	
*	If paid by a VAT Registered Company, please provide us by email on a FULL company letter head confirming the VAT registration number; address and contact details or a copy of the CURRENT Valid VAT registration certificate.	
*	Email completed form and proof of payment to: suzette@saracca.co.za and cathy@saracca.co.za	

PERSONAL DETAILS

First names											SAQCC (Gas) Registration Number			
Surname														
ID no.														
Telephone No.														
E-mail address														
Cell phone														
Position held in company														
SAQCC (Gas) License Number														
<u>Courier Address</u>	Address to which card will be couriered					Residential Address								
Street Name and Number						Unit/Flat no								
Town						No & street								
Province						Suburb/town								
Code						Code								
Contact Person														
Contact Number														
OR	Arrange for the Card to be collected from SARACCA office					Yes				No				

PLEASE NOTE:

This application form/fee is valid until the end of February 2022

CHANGE OF EMPLOYER - NEW EMPLOYER DETAILS

Employer / Company name Name to be printed on card:			
Type of Business			
Postal Box No	Contact Person in company		
Suburb/Town	Position held		
Province	Office Telephone No		
Post code	Accounts E-mail address		
Invoice details e.g. Full Company name			
	VAT confirmation letter attached	Yes	No

UPGRADE - QUALIFICATIONS OBTAINED SINCE ORIGINAL REGISTRATION

TRADE APPRENTICESHIP OR LEARNER-SHIP		
From:		
To:		
Employer during Apprenticeship/learner-ship:		
Additional Skills training attended and qualifications ATTACH ALL CERTIFICATES		
Indicate types of plant and equipment worked on		
A	1	The card holder is aware of safety requirements and is authorised to operate a refrigeration plant
	2	The card holder is authorised to install and maintain domestic (R290 & R600a) and light commercial refrigeration
	3	The card holder is authorised to install of refrigeration piping, components and equipment
	4	The card holder is authorised to a install and maintain air conditioning units up to 18kW cooling capacity
	5	The card holder is an authorised air conditioning & refrigeration Apprentice/Learner
B	6	The card holder is an authorised as a refrigeration Artisan using Synthetic Freon gases and Hydro Carbon refrigerant gas.
	7	The card holder is authorised as a specialist Carbon Dioxide (R744) refrigeration practitioner
	8	The card holder is authorised as an specialist Ammonia (R717) refrigeration practitioner
	9	The card holder is authorised as a specialist motor vehicle air conditioning practitioner
	10	The card holder is authorised as a specialist refrigerated transport practitioner
	11	The card holder is authorised as a specialist marine refrigeration practitioner on all types of refrigerant gases
C	12	The card holder is an authorised Inspector of refrigeration installations
	13	The card holder is an authorised Inspector of refrigeration associated with air conditioning installations
	14	The card holder is an authorised Designer of refrigeration and air conditioning installations

REPLACEMENT CARD

REASON:	✓	
LOST OR STOLEN CARD		
OTHER – PLEASE SPECIFY REASON		

I confirm that the information provided by me in my application is correct, valid and that all certificated and documentation is attached.

I shall sign and abide by the SAQCC gas Code of practice.

SIGNED

DATE.....

APPLICANT

